



DIVISION OF ALCOHOL AND SUBSTANCE ABUSE
DASA TARGET GROUP SUPPORT ACTIVITIES

					GROUP NAME	AGENCY NUMBER	
ACTUAL DATE	ACTUAL TIME : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	ACTUAL DURATION	STAFF HOURS :	OTHER QUANTITY	OTHER DESCRIPTION	STAFF IDENTIFICATION	
ACTIVITY TYPE (CODE 1) <input type="checkbox"/> Adolescent Case Management <input type="checkbox"/> Alcohol and other Drug Information School <input type="checkbox"/> Community Education <input type="checkbox"/> Crisis Services <input type="checkbox"/> Family Support <input type="checkbox"/> Housing Services <input type="checkbox"/> Interim Services <input type="checkbox"/> Involuntary Commitment		FUND SOURCE (CODE 2) <input type="checkbox"/> Agency Funded <input type="checkbox"/> County Community Services <input type="checkbox"/> Federal Direct <input type="checkbox"/> Other <input type="checkbox"/> Private Pay <input type="checkbox"/> State Direct <input type="checkbox"/> State DSHS (non DASA) <input type="checkbox"/> State Non DSHS <input type="checkbox"/> Tribal Community Services		CONTRACT TYPE (CODE 3) 1 – ADATSA 2 – Adult Outpatient 3 – Adult Residential 4 – ATR – Access to Recovery 5. CA Out Station 6 – CDDA (COMM) 7 – CDDA (LS) 8 – Criminal Justice (CJ) 9 – Criminal Justice - Innovation 10 CSO Out Station		11 – DOC-COM 12 – DOC-JAIL 13 – Gov2Gov (NonXIX) 14 – Indian Health Services (IHS) 15 – Molina – Managed Care 16 – Other/None 17 – Pregnant/Parenting 18 – TANF (ES) 19 – Tribe MOA (Title XIX) 20 – Youth Treatment 21 – WASBIRT	
ATTENDANCE							
LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH	ATTENDANCE			
				YES	EXCUSED	NO SHOW	
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